## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | 2/3/14   | Address:                                | 103 E. KEITH ST.  |
|--|--|---|---|
| Incident #:  | 14ISPC000891   |   | Pierceton IN 46562  |
| <b>County</b> :  | Kosciusko  |   |   |
| Type of Laboratory Seizure (check one)   |  | Seizure Location (check all that apply) |   |
| <ul><li>✓ Operationa</li><li>✓ Chemical/O</li><li>✓ Dumpsite</li></ul>   | Glassware/Equipment (only)   | Residence Outbuilding Vehicle           | ☐ Hotel/Motel ☐ Open – No Structure ☐ Other:                                  |
| (check all that a One Pot or   | Birch Reaction(s): BASEMENT  | <u>tc)</u>                              |   |
| ☐ Red Phosphorous/Iodine Reaction(s): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  |  |   |   |
| ☐ Flammable Solvents: BASEMENT/BEDROOM   |  |   |   |
| ☐ Water Reactive Metal (Lithium):  |  |   |   |
| _  |  |   |   |
| Anhydrous Ammonia:   |  |   |   |
| Corrosive Acid: BASEMENT   |  |   |   |
| Corrosive Base: <u>KITCHEN</u>   |  |   |   |
|  | n and location):   |   |   |
| <b>Vehicle Infor</b>   | mation:  |   |   |
| Owner:<br>VIN:<br>Year:  |  | Make:<br>Model:                         |   |
| Yes<br>No  | age 18 discovered (check appropriate) _ (number present) ot present but evidence they reside | unclean Estimated len occurring:        | ions of home:  clean  disarray  gth of time manufacturing had been  creation: |
| This report h  | as been faxed* or emailed to the fol   | lowing agencies tha                     | t serve the location:   |
| Fire Department City, Township or County Pierceton VFD Health Department County: KOSCIUSKO COUNTY Fax: 574-594-2132 Fax: (574) 269-2023 Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596 |  |   |   |

For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>BRANDON MCBRIER</u> Phone <u>574-546-4900</u>

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.